

Alton Holman Heritage Arts, Inc.

P. O. Box 390, # 30 Alabama St., Cave Spring, Georgia 30124

Health Form

Must be presented for any AHHAS session by all participants.

Please print

Name: _____ Age: _____ Grade: _____

Parent/Guardian (if student is under 18): _____

Address: _____ City: _____

State: _____ Zip: _____ E-mail: _____

Phone: _____ (home) _____ (work)
_____ (cell)

Emergency Contact 1: _____

Relationship: _____ Phone: _____

Emergency Contact 2: _____

Relationship: _____ Phone: _____

Parent's place of work: _____

Allergies? _____

Other medical concerns? _____

Insurance Carrier(s): _____

Session: _____ Date: _____